

AO 240 (Rev. 10/03)

UNITED STATES DISTRICT COURT

District of _____

Perry Phelps
Plaintiff

V.

Jason Hainey
DefendantAPPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

- 08 - 272 -

CASE NUMBER:

I, Jason Hainey declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)If "Yes," state the place of your incarceration DCC 1181 Paddock Rd Smyrna DE 19977Are you employed at the institution? No Do you receive any payment from the institution? No

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)

I received money orders sporadically from a few family members
(institutional transaction sheet is attached)

4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. alone

I declare under penalty of perjury that the above information is true and correct.

4/22/08

Date

Glenn Hamey

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

AO 240A (Rev. 12/03)

UNITED STATES DISTRICT COURT

District of _____

Plaintiff

V.

Defendant

ORDER ON APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES

CASE NUMBER: _____

Having considered the application to proceed without prepayment of fees under 28 USC §1915;

IT IS ORDERED that the application is:

☐ GRANTED.

☐ The clerk is directed to file the complaint.

☐ IT IS FURTHER ORDERED that the clerk issue summons and the United States marshal serve a copy of the complaint, summons and this order upon the defendant(s) as directed by the plaintiff. All costs of service shall be advanced by the United States.

☐ DENIED, for the following reasons:

ENTER this _____ day of _____, _____.

Signature of Judge

Name and Title of Judge

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Jason Hainey SBI#: 383182
FROM: Stacy Shane, Support Services Secretary
RE: 6 Months Account Statement
DATE: April 23, 2008

Attached are copies of your inmate account statement for the months of
October 1, 2007 to March 31, 2008.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Oct</u>	<u>27.20</u>
<u>Nov</u>	<u>14.7</u>
<u>Dec</u>	<u>11.50</u>
<u>Jan</u>	<u>15.18</u>
<u>Feb</u>	<u>4.74</u>
<u>March</u>	<u>14.07</u>

Average daily balances/6 months: 11.52

Attachments

CC: File

Stacy Shane
4/23/08

Candice Jones
4/23/08

Individual Statement From October 2007 to December 2007

Page 1 of 1

Date Printed: 4/22/2008

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	Ending Month Balance:	MO# / Ck#	Pay To	Source Name
00383182	Hainey	Jason			\$0.29	\$40.05	11740655845		R HAINEY
Current Location: 23					Comments: QOL3				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Mail	10/11/2007	\$50.00	\$0.00	\$0.00	\$50.29	498870	11740655845		R HAINEY
Mail	10/18/2007	\$20.00	\$0.00	\$0.00	\$70.29	501898	57268955953		DONNA PAPANICOLA
Canteen	10/18/2007	(\$17.99)	\$0.00	\$0.00	\$52.30	502089			
Medical	10/18/2007	\$0.00	(\$4.00)	\$0.00	\$52.30	502283		7/16/07	
Medical	10/18/2007	(\$4.00)	\$0.00	\$0.00	\$48.30	502403		7/16/07	
Supplies-MailPosta	10/19/2007	\$0.00	\$0.00	(\$2.16)	\$48.30	502718		10/5/07	
Supplies-MailPosta	10/19/2007	(\$2.16)	\$0.00	\$0.00	\$46.14	503344		10/5/07	
Canteen	10/25/2007	(\$20.00)	\$0.00	\$0.00	\$26.14	505165			
Canteen	10/31/2007	(\$19.99)	\$0.00	\$0.00	\$6.15	507880			
Canteen	11/8/2007	(\$6.10)	\$0.00	\$0.00	\$0.05	511434			
Supplies-MailPosta	12/21/2007	\$0.00	\$0.00	(\$4.60)	\$0.05	531421		12/5/07	C HAINEY
Visit	12/27/2007	\$40.00	\$0.00	\$0.00	\$40.05	533311	08660237897-08077		
					Ending Month Balance: \$40.05				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: \$0.00

Individual Statement From January 2008 to March 2008

Date Printed: 4/22/2008

Page 1 of 1

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	\$40.05
00383182	Hainey	Jason			Ending Month Balance:	\$0.02
Current Location: 23		Comments: QOL3				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Canteen	1/3/2008	(\$19.99)	\$0.00	\$0.00	\$20.06	536691			
Visit	1/9/2008	\$20.00	\$0.00	\$0.00	\$40.06	539797			
Supplies-MailPosta	1/9/2008	(\$4.60)	\$0.00	\$0.00	\$35.46	540549		12/5/07	C HAINEY
Canteen	1/10/2008	(\$15.44)	\$0.00	\$0.00	\$20.02	541276			
Canteen	1/17/2008	(\$6.83)	\$0.00	\$0.00	\$13.19	543910			
Canteen	1/24/2008	(\$12.92)	\$0.00	\$0.00	\$0.27	546684			
Visit	2/13/2008	\$30.00	\$0.00	\$0.00	\$30.27	555623			R HAINEY
Canteen	2/14/2008	(\$20.00)	\$0.00	\$0.00	\$10.27	556462			
Canteen	2/21/2008	(\$10.05)	\$0.00	\$0.00	\$0.22	559814			
Mail	2/29/2008	\$30.00	\$0.00	\$0.00	\$30.22	563185	5742187912		R HAINEY
Canteen	3/6/2008	(\$15.09)	\$0.00	\$0.00	\$15.13	566977			
Visit	3/12/2008	\$20.00	\$0.00	\$0.00	\$35.13	568825			C HAINEY
Canteen	3/13/2008	(\$15.73)	\$0.00	\$0.00	\$19.40	569630			
Canteen	3/20/2008	(\$16.06)	\$0.00	\$0.00	\$3.34	573421			
Canteen	3/27/2008	(\$3.32)	\$0.00	\$0.00	\$0.02	576040			
Ending Month Balance:					\$0.02				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: \$0.00